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Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO 2/17/15.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14C Name of organization Employer identification number Check if applicable UMPOUA COMMUNITY COLLEGE FOUNDATION Address change 23-7287018 Doing Business As Name change Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 541-440-7847 P.O. BOX 967 Terminated City or town, state or province, country, and ZIP or foreign postal code ROSEBURG 97470 7,389,464 Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? DENNIS O'NEILL PO BOX 967 H(b) Are all subordinates included? If "No," attach a list (see instructions) ROSEBURG OR 97470 X 501(c)(3) Tax-exempt status 501(c) (insert no) WWW.UCCFOUNDATION.US Website > H(c) Group exemption number ▶ Year of formation 1970 X Corporation Trust Form of organization Other > M State of legal domicile OR Summary Part I 1 Briefly describe the organization's mission or most significant activities THE FOUNDATION WAS FORMED TO ENCOURAGE, RECEIVE, AND ADMINISTER GIFTS AND Activities & Governance BEQUESTS FOR THE SUPPORT AND BENEFIT OF UMPQUA COMMUNITY COLLEGE AND ITS STUDENTS. THE FOUNDATION RAISES AND DONATES FUNDS FOR SCHOLARSHIPS, 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 39 3 Number of voting members of the governing body (Part VI, line 1a) 37 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 30 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Expenses To FEB Revenue 8 Contributions and grants (Part VIII, line 1h) 606,791 3,071,279 9 Program service revenue (Part VIII, line 2g) 615,556 681,72710 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5 6d 8c, 9c, 10c, and 11e) 5 44,344 35,574 12 Total revenue – add lines 8 through 11 (must equal Partivill, column (A), lines 2) 1,266,691 788,580 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 631,724 511,109 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 160,812 198,600 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 830,324 671,921 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 594,770 2,958,256 19 Revenue less expenses Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year 8,324,215 11,659,882 20 Total assets (Part X, line 16) 761,975 576,673 21 Total liabilities (Part X, line 26) 562,240 22 Net assets or fund balances Subtract line 21 from line 20 11,083,209 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signalure of officer Sign O'NEILL DENNIS EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid STEVEN B. OLESON CPA STEVEN B OLESON, CPA 01/30/15 self-employed P00294805 Preparer WICKS EMMETT LLP 93-0718861 Firm's EIN Firm's name **Use Only** 358 NE WINCHESTER ST - PO BOX 2350 ROSEBURG, OR 97470-3327 541-673-4423 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For	1 990 (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018	Page 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	103 1140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O	
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 400,739 including grants of \$ 400,739) (Revenue \$ SCHOLARSHIPS AND GRANTS TO STUDENTS OF UMPQUA COMMUNITY COLLEGE)
•	SCHOLARSHIPS AND GRANIS TO STUDENTS OF UMPQUA COMMUNITY COLLEGE	•
-	207 502 11 120 220 005 (0	
	(Code) (Expenses \$ 297,582 including grants of \$ 230,985) (Revenue \$ GRANTS AND OTHER ASSISTANCE TO UMPQUA COMMUNITY COLLEGE AND ITS	STIDENTS
	FOR PROGRAM SUPPORT.	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Codd / Cappings C / Cappings	,
40	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ► 698,321	
DAA		Form 990 (2013)

1 0	Tit 14 Officeklist of Required Scriedules			
	In the constant described in section 504/2/02 at 40.47/2/42 (although a section 50.48 at 10.48 at 10.4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_1 _2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		v	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420	х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b		х
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
4a	Did the organization maintain an onice, employees, or agents outside or the officed states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		_	001	٠

Part IV Checklist of Required Schedules (continued)

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32				Yes	No
22 X 23 De the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, comm (A), line 27 If "Yes," complete Schedule I, Part I and III 24 De the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusteess, key employees, and highest compensated employees? If "Yes," complete Schedule I, "A or 5 about compensation of the organization's current and former officers, directors, trusteess, key employees, and highest compensated employees? If "Yes," complete Schedule I, "No." go to line 25s 24 De the organization have a tox-exempt bond saue with an outstanding principal amount of more than 31:00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, "No." go to line 25s 24 Did the organization makes any proceeds of Exevering thorsto beyond a temporary period exception? 25 Did the organization makes any proceeds of Exevering thorsto beyond a temporary period exception? 26 Did the organization makes and "no behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 50((4)) and 50((4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 28 Is the organization aware that engaged in an excess benefit intrasaction with an expert of the organization spore Forms 950 or 990-E2? 29 If "Yes," complete Schedule I, Part II 29 Did the organization propert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I, Part II 29 Did the organization propert any amount on Part X, line 5, 6, or	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
on Part IX, Column (A), line 2" If "Yes," complets Schedule I, Parts I and III 22 X 23 Did the organization asswer "Fe's IP Part VII, Section A, Iline 3.4, or 5 about compensation of the organizations's current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have at sax-exempt bond issue with an outstanding principal amount of more than s100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K II "No."; po to line 25a 25a Did the organization mivest any proceeds of fax-exempt bonds beyond a temporary period exception? 25b Did the organization mivest any proceeds of fax-exempt bonds beyond a temporary period exception? 26c Did the organization mivest any proceeds of fax-exempt bonds beyond a temporary period exception? 27c Did the organization mivest any proceeds of fax-exempt bonds beyond a temporary period exception? 27c Did the organization mivest and nescrow account other than a refunding escrow at any time during the year? 27d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a designative period and proceeding the process of the organization and the second organization and the second organization process or year, and that the transaction may the year. 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons of 1"Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, exp employee (1"Yes," complete Schedule L, Part III 28d Was the organization scale against explained the proper organization organization and par		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Dd the organization answer "Tes" to Part VII. Section A, Ine 3. 4, or 5 about compensation of the organization's current and former offlocrs, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Dd the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24b Dd the organization maintain an escrew account other than a refunding escrew at any time during the year? 25c Dd the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 26c Dd the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 27c Section 501((3)) and 501((4)) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 990-E27 if "Yes," complete Schedule L. Part II 28b J X Y Complete Schedule L. Part II 29c Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If yes, complete Schedule L. Part III 29c Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If yes, organized schedule is a part of the separation and yet the separation and	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
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to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit fransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X X Is the organization aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psyables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If 5c, complete Schedule L, Part I 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X X X X X X X X	b		24b		
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Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part II 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If 5c, complete Schedule I, Part II 27b Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III 27		•		<u> </u>	
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		or IV, and Part V, line 1	34	+	
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		•	35b	<u>X</u>	<u> </u>
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36	, , ,			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			36	X	
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X					4,5
19? Note. All Form 990 filers are required to complete Schedule O			37		X_
	38	-		_ v	
		197 Note. All Form 990 filers are required to complete Schedule O	38		0

Pa	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	\neg		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	\neg		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			х
	account)?	4a		
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ı	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	→ <u>-</u> . !		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'''		
o	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		ĺ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health incurance issuers	\dashv \mid		ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand	7		ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions $|\mathbf{X}|$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 39 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 37 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X The governing body? 8b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure OR List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request X Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > ELLEN BROWN 1140 UMPQUA COLLEGE ROAD OR 97470 541-440-7847

ROSEBURG

Form 990 (2013)	IIMPOIIA	COMMINITY	COLLEGE	FOINDATTON	23-7287018

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Form 990 (2013)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee (F) (B) (C) (D) (E) (A) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) (list any the organizations compensation (W-2/1099-MISC) organization hours for from the individual trustee (W-2/1099-MISC) related nstitutional trustee organization ghest compensated employee and related organizations organizations below dotted line) (1) JOSEPH OLSON 1.00 UCC PRESIDENT 40.00 X 0 199,273 0 (2) DICK BALTUS 1.00 MEMBER 0.00 X 0 0 0 (3) NEAL BROWN 1.00 MEMBER 0.50 X 0 0 0 (4) RONNIE BRUCE 1.00 X 0 0 **MEMBER** 0.00 0 (5) ELAINE CHENEY 1.00 X X 0 0 0 VICE PRESIDENT 0.50 (6) JEROLD COCHRAN 1.00 0.00 X 0 0 0 **MEMBER** (7) RENEE COEN 1.00 X MEMBER 0.00 0 0 0 (8) DALE RITTER 1.00 0.00 X 0 MEMBER 0 0 (9) BOB DANNENHOFFER, MD 1.00 0.00 X 0 0 MEMBER 0 (10) BRENT EICHMAN 1.00 X MEMBER 0.00 0 0 (11) STEVE FELDKAMP 1.00 0.50 0 MEMBER 0 DAA

Form 990 (2013) UMPQUA CO		_										Page 8
Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(di	o not o	Pos check ess pe	C) sition more erson	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) timated nount of other pensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anization d related inizations	
12) CHRIS GOODWIN	1.00											
MEMBER	0.00	x						0	o			0
13) GREG HENDERSON												
	1.00	<u></u>										•
MEMBER (14) SCOTT HENRY III	0.00	X						0	0			0
14) SCOIL HENRY III	1.00								•			
MEMBER	0.00	x						0	0			0
(15) NEIL HUMMEL				-								
	1.00											
PRESIDENT	0.50	X		X	-	-		0	0			0
(16) GREG JOHNSON	1.00											
MEMBER	0.00	x						0	0			0
17) TOM KEEL		† <u></u>										- <u> </u>
	1.00											
MEMBER	0.00	X			<u></u>	_		0	0			0
(18) DON LAIRD	1 00											
MEMBER	1.00	$ _{\mathbf{x}}$						0	o			0
19) DANNY LANG	0.00	 			-	-						
,	1.00											
MEMBER	1.00	X						0	0			0
1b Sub-total				_				· · · · · · · · · · · · · · · · · · ·	199,273			
c Total from continuation she	ets to Part VII,	Secti	on A	4					163,619 362,892			
d Total (add lines 1b and 1c)2 Total number of individuals (in	icludina but not l	imite	d to	thos	e lis	ted a	bov	(e) who received more than				
reportable compensation from												
3 Did the organization list any fo	rmar officer du	octo:		truct	.00	kou o	mn	loves, or highest compans	atod		Yes	No No
employee on line 1a? If "Yes,"								loyee, or highest compensa	ited		3	X
4 For any individual listed on line												
organization and related organ individual	nizations greater	tnan	1 \$ 10	ט,טנ	1071	i re	S, (complete Schedule J for su	cn		ı x	
5 Did any person listed on line 1									ndıvıdual			T
for services rendered to the or		es,"	com	plete	e Sc	hedu	le J	for such person			5	X
Section B. Independent Contracto Complete this table for your five		ensa	ited i	nde	nenc	lent c	conf	ractors that received more	than \$100 000 of			
compensation from the organi	zation Report c							dar year ending with or with	in the organization's tax ye	ear		
Name and	(A) business address						<u> </u>	Descrip	(B) tion of services		(C) Compens	sation
	· · · · · · · · · · · · · · · · · · ·						\vdash					
								· · · · · · · · · · · · · · · · · · ·				_
									·			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Form 990 (2013) UMPQUA CO								nd Highest Compensated				ige 8
(A) Name and title	(B) Average hours per week (list any	(B) Average hours per (do not che week box, unless						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	·(F) Estima amour othe compen	ited it of ir sation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(10-2)	organiza and rel organiza	ation ated	
(12) JEAN LOOSLEY												
	1.00							_				_
MEMBER	0.00	X						0	0	 – –		0
(13) TOM NELSON												
	1.00	.,										0
MEMBER	0.00	X	-					0	0			
(14) KATHLEEN NICKEL	1.00	-										
MEMBER	0.00	x						o	o			0
(15)MO NICHOLS	0.00	+**										
(10)110 1110110115	1.00				İ							
MEMBER	0.00	x						o	0			0
(16) BRIAN PARGETER												
	1.00											
MEMBER	0.50	X						0	0			0
(17) LEE PATERSON												
	1.00	l										_
MEMBER	1.00	X	-	_				0	0			0
(18) BOB RAGON	1.00											
MEMBER	0.00	x						o	o			0
(19) ALANSON RANDOL,	DDS	<u> </u>	\vdash									
(10)11212121212121	1.00											
MEMBER	0.00	X						0	0			0
1b Sub-total							•					
c Total from continuation she	ets to Part VII,	Sect	ion /	4			>					
d Total (add lines 1b and 1c)							<u> </u>					
Total number of individuals (ir reportable compensation from			ed to	thos	e list	ted a	bov	e) who received more than	\$100,000 in			
							·		a a d	F	Yes	No
3 Did the organization list any fe employee on line 1a? If "Yes,"								oyee, or nignest compensa	tea	3] [
4 For any individual listed on lin	e 1a, is the sum	of re	port	able	com	pens	atio	n and other compensation	from the			
organization and related orga	nizations greate	r thar	1 \$15	50,00	11 °00	f "Ye	s," c	omplete Schedule J for suc	ch			
individualDid any person listed on line 1	la rocomo er ca	oruo :	~~~·	222	ation	fron	n or	v unrelated organization or	individual	4		
5 Did any person listed on line	la receive or acc							y umelated organization of	marriadai	ء ا	i i	

	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3_	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section	В.	Independent	Contractors
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1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
_	(A) Name and business address	(B) Description of services	(C) Compensation								

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

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Form 990 (2013	3) UMPQUA	COMMUNITY	COLLEGE	FOUNDATION	23-7287018
Part VII	Section A Offi	cers Directors Tru	stees Key Fmn	lovees, and Highest C	compensated Employ

Point 990 (2013) OMF QOA CO													age C
521.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	, Directors, Tru	Istee	s, K			oyee	s, a	nd Highest Compensated					
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Posi Posi check r ess per nd a di	ition more rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other compense	of	
	hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th organizat and relat organizati	ie tion ted	
			٣	\sqcup		8						_	
(12) DAVE SABALA	1 00	ļ											
MEMBED	1.00	x	1					o	o				0
MEMBER (13) SUE SHAFFER	0.00	┼≏				\vdash		<u> </u>					
(13) SOE SHAFFER	1.00							}					
MEMBER	0.00	x						o	0				0
(14) CHARLEY THOMPSON		1	 	1-1						<u> </u>			
(14) 011111111111111111111111111111111111	1.00												
MEMBER	0.00	x						o	0				0
(15) LIZ WATKINS						 							
(13)	1.00			1 1									
MEMBER	0.00	X						0	0				0
(16) GARY WAYMAN													
	1.00												
MEMBER	0.00	X	<u> </u>					_0	0				0
(17) EARL JONES													
	1.00								_				
MEMBER	0.00	X				_		0	0	ļ			0
(18) JEFF ACKERMAN													
	1.00	l											_
MEMBER	0.50	X	ļ	ļ			<u> </u>	0	0				0
(19) ALEX PALM	1 00												
MEMDED	1.00	x						0	o				0
MEMBER	0.00	<u> A</u>	<u> </u>		L	L	<u> </u>	ļ		 			
1b Sub-total c Total from continuation shee	ote to Part VII	Soct	ion /	۸.									
d Total (add lines 1b and 1c)	ets to Fait Vii,	Jeci	1011 /	•			•			 			
Total number of individuals (in reportable compensation from			ed to	thos	e lıs	ted a		e) who received more than	\$100,000 in			Yes	No
3 Did the organization list any fo	rmer officer, di	recto	r, or	trust	ee, I	key e	mpl	loyee, or highest compensa	ated			163	110
employee on line 1a? If "Yes," 4 For any individual listed on line								on and other compensation	from the		3		
organization and related organ										I			
individual						_					4		
5 Did any person listed on line 1 for services rendered to the or									rindividual	İ	5	1	
Section B. Independent Contracto		103,	COII	ipicte	. 00	nead	10 0	tor such person				1	
Complete this table for your five		ensa	ated	ınder	enc	ient d	conti	ractors that received more	than \$100,000 of				
compensation from the organization	zation Report of							dar year ending with or with	nin the organization's tax ye	ear			
Name and	(A) business address							Descrip	(B) tion of services		Con	(C) npensati	on
							-						
					-		-						
2 Total number of independent of	contractors (incl	udin	n hut	not	limit	ed to	the	se listed above) who	· -				
received more than \$100,000									<u>.</u>		······	000	

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Form 990 (2013)	UMPQUA	COMMUNITY	COLLEGE	FOUNDATION	23-7287018
· · · · · · · · · · · · · · · · · · ·					

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any		x, unk ficer a	Pos check ess pe	rson	than c is both ir/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	сол	(F) Estimate amount of other mpensate from the	of tion	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIGC)	orç ar	ganizati nd relate ganizatio	on ∋d	
(12) CONNIE WILLIAMS	ои												
	1.00	ĺ											_
MEMBER	0.00	X	├	ļ		 		0	0				0
(13) ELIN MILLER	1.00												
UCC BOARD PRESIDENT	0.00	x						0	o				0
(14) LYNN ENGLE						l							
	1.00		ĺ										
MEMBER	0.50	X	Ļ	ļ				0	0				0
(15) MELONY MARSH	1 00												
MEMBER	1.00	x						0	o				0
(16) DENNIS O'NEILL	0.50	122	\vdash			\vdash							
(,,,===================================	40.00												
EXECUTIVE DIRECTOR	1.00		<u> </u>	X		_		0	108,809			<u> </u>	0
(17) ELLEN BROWN	40.00												
ASSOCIATE DIRECTOR	40.00			x				o	54,810				0
(18)	2.00	\vdash	 			-		0	34,010				
(1.5)		1		1									
	ļ	-	ļ		ļ								
(19)				!									
1b Sub-total	<u> </u>	<u> </u>					▶		163,619				
c Total from continuation she	ets to Part VII,	Sect	ion /	Ą			•						
d Total (add lines 1b and 1c)		1	- 4 4 -			A	<u> </u>	-)h	£100,000 to				
2 Total number of individuals (in reportable compensation from			ea to	tnos	ie iis	tea a	DOV	e) who received more than	\$100,000 in				
										£	\Rightarrow	res	No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited		3		
4 For any individual listed on lin								n and other compensation	from the				
organization and related organ	nizations greatei	r thar	n \$15	50,00	ا 100	f "Ye	s," c	complete Schedule J for su	ch	ŀ	4		
individual 5 Did any person listed on line 1	1a receive or acc	crue	com	pens	atıor	n fror	n an	y unrelated organization or	individual				
for services rendered to the o		∕es,"	com	plete	e Sc	hedu	le J	for such person			5		_
Section B. Independent Contractor1 Complete this table for your fit		once	atod.	ındaı	2000	lont (contr	ractors that received more	than \$100 000 of				
compensation from the organ	ization Report o	omp	ensa	tion	for t	he ca	lenc	dar year ending with or with	in the organization's tax ye	ar			
Name and	(A) d business address							Descrip	(B) tion of services		Com	(C) pensati	on
							<u> </u>						
							_						
							 					-	
2 Total number of independent	contractors (incl	uding	g but	not	limite	ed to	thos	se listed above) who	 				
received more than \$100,000								•					

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Revenue (A) Total revenue Unrelated business exempt function excluded from tax revenue under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b 189 c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,071,090 1f 2,072,166 g Noncash contributions included in lines 1a-1f 3,071,279 h Total. Add lines 1a-1f Program Service Revenue **Busn Code** 2a b C đ е f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 205,106 205,106 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 4,062,898 other than inventor b Less cost or other basis & sales exps 3,586,277 476,621 c Gain or (loss) 476,621 476,621 d Net gain or (loss) \triangleright 8a Gross income from fundraising events Other Revenue 189 (not including \$ of contributions reported on line 1c) 18,659 See Part IV, line 18 14,607 b Less direct expenses 4,052 c Net income or (loss) from fundraising events \triangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b \blacktriangleright Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 31,522 31,522 11a OTHER INCOME b C d All other revenue 31,522 Total. Add lines 11a-11d 0 3,788,580 31,522 681,727 Total revenue. See instructions

Form 990 (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respond not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	. C.C. Saponos	expenses	general expenses	expenses
1	3		222	ŀ	
	organizations in the U.S. See Part IV, line 21	230,985	230,985		
2	Grants and other assistance to individuals in	400 530	400 730		
_	the U.S. See Part IV, line 22	400,739	400,739		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				· · · · · · · · · · · · · · · · · · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				-,
11	Fees for services (non-employees)				
a	· · · · · · · · · · · · · · · · · · ·	2 621		2 621	
b	· ·	2,631 57,235		2,631 57,235	
C	Accounting	51,235		57,235	
d e					
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	1,558	1	1,557	
12		1,070	228	842	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,423	3,423		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			<u> </u>	
а	PERSONNEL SERVICES	49,289		49,289	
b	SUPPLIES	39,434	36,883	2,551	
С	MEALS AND ENTERTAINMENT	14,117	4,766	9,351	
d	AWARDS	10,126	7,126	3,000	·
е	All other expenses	19,717	14,170	5,547	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	830,324	698,321	132,003	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

_P	art >	Balance Sheet			
		Check if Schedule O contains a response or note to any line in	this Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	211,189	1	4,127
	2	Savings and temporary cash investments	360,150	2	955,960
	3	Pledges and grants receivable, net	534,341	3	372,357
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directo	rs.		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	[]	5	
	6	Loans and other receivables from other disqualified persons (as defin	ned under section		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	1 1		
		sponsoring organizations of section 501(c)(9) voluntary employees' b			
S.		organizations (see instructions) Complete Part II of Schedule L	, [6	49,324
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	2,100	8	1,050
	9	Prepaid expenses and deferred charges	3,000	9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	7,029,651	11	9,224,510
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	183,784	15	1,052,554
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,324,215	16	11,659,882
	17	Accounts payable and accrued expenses	7,223	17	4,245
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
ī	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	d		
		parties, and other liabilities not included on lines 17-24). Complete Pa			
		of Schedule D	754,752	25	572,428
	26	Total liabilities. Add lines 17 through 25	761,975	26	576,673
_		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and		
Ses		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	278,409	27	610,560
Ba	28	Temporarily restricted net assets	2,802,097	28	3,198,645
pur	29	Permanently restricted net assets	4,481,734	29	7,274,004
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here	e ▶ 📗 and		
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,562,240	33	11,083,209
	34	Total liabilities and net assets/fund balances	8,324,215	34	11,659,882

Form	990 (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	3			580
2	Total expenses (must equal Part IX, column (A), line 25)	2	ļ			324
3	Revenue less expenses Subtract line 2 from line 1	3				256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7			240
5	Net unrealized gains (losses) on investments	5	<u> </u>	61	L6,	<u>658</u>
6	Donated services and use of facilities	6	L			
7	Investment expenses	7	ļ <u> </u>	5	53,	945
8	Prior period adjustments	_8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	ļ			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				_	
	33, column (B))	10	11	<u>, 08</u>	<u>33,</u>	<u> 209</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			- 1		
þ	Were the organization's financial statements audited by an independent accountant?		Ļ	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			- 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		<u> </u>	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Forr	n 990	0 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part) See instructions.

OMB No 1545-0047

2013

Open to Public Inspection

UMPQUA COMMUNITY COLLEGE FOUNDATION

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 23 - 7287018

4	A medical res	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	er the ho	ospital's na	me,		
	city, and stat	е											
5 X	An organizati	on operated for the benefit	of a college or university owned	or operat	ed by a go	overnme	ental unit	descril	bed in				
	-	b)(1)(A)(iv). (Complete Part											
6	7		governmental unit described in s	ection 17	'0(b)(1)(A)(v).							
7	า	•	substantial part of its support fr				rom the	genera	l public				
_	_	section 170(b)(1)(A)(vi). (C	•	·				_					
8	7		170(b)(1)(A)(vi). (Complete Par	t II)									
9	รี ้		1) more than 33 1/3% of its sup		contribution	ons, mei	mbershi	o fees,	and gro	ss			
_	-	· · · · · · · · · · · · · · · · · · ·	npt functions—subject to certail										
	support from	gross investment income a	nd unrelated business taxable ii	ncome (le:	ss section	511 tax) from b	usiness	ses				
		=	30, 1975 See section 509(a)(2)										
10	7	=	exclusively to test for public saf										
11	5 -	- · ·	exclusively for the benefit of, to					out the	•				
-	purposes of o	one or more publicly support	ted organizations described in s	ection 509	9(a)(1) or	section	509(a)(2) See	section	1			
	509(a)(3). Ch	eck the box that describes t	the type of supporting organizat	ion and co	mplete lir	nes 11e	through	11h					
	a Type	I b Type II	c Type III-Function	ally integr	ated	d [Тур	e III–No	n-funct	ionally inte	grate	ed	
e	By checking	this box, I certify that the org	ganization is not controlled direc	tly or indi	ectly by c	ne or m	ore disq	ualified	person	s			
	other than fo	undation managers and other	er than one or more publicly sup	ported or	ganızatıor	ns descr	ibed in s	ection (509(a)(ʻ	1)			
	or section 50	9(a)(2)											
f	If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	rting					
	organization,	check this box											1 1
g	Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution from	any of th	ne							
9	following per	sons?			•						_		
g	following per	rsons? In who directly or indirectly co	ontrols, either alone or together		•		ıı) and			_	_	Yes	No
g	following per (i) A persor (iii) below	sons? In who directly or indirectly own, the governing body of the	ontrols, either alone or together e supported organization?		•		แ) and			110	(i)	Yes	No
g	following per (i) A persor (iii) below (iii) A family	rsons? In who directly or indirectly cow, w, the governing body of the member of a person descri	ontrols, either alone or together e supported organization? bed in (i) above?		•		ย) and			11g	(i) (ii)	Yes	No
	following per (i) A persor (iii) below (ii) A family (iii) A 35% c	rsons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above?		•		ıı) and				(i) (ii)	Yes	No
h	following per (i) A person (iii) below (ii) A family (iii) A 35% of Provide the	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together supported organization? bed in (i) above? described in (i) or (ii) above?	with perso	ons descr	ibed in (· · · · ·		110	(i) (ii) (iii)		
h (ı) Na	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	rsons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization	with perso	ons descr	ibed in (ou notify	(vi) l		11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
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h (ı) Na	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (I) Na O	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the concol (i) in	ons descr	(v) Did y the organ	ou notify iization in of your	organızatı (i) organı	on in col zed in the	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
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h (1) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (i) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (i) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na o	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na (A) (B) (C)	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na (A) (B) (C)	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (1) Na (A) (B) (C)	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	
h (ı) Na	following per (i) A person (ii) below (ii) A family (iii) A 35% of Provide the second	sons? In who directly or indirectly or w, the governing body of the member of a person descri- controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization (described on lines 1–9 above or IRC section	(iv) is the control (i) in governing	ons descr	(v) Did y the organ col (i) supp	ou notify lization in of your port?	organizati (i) organi U S	ion in col zed in the S ?	11ç 11ç (vii) Amoi	(i) (ii) (iii)	moneta	

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,841,597	1,457,154	811,649	606,791	432,090	5,149,281
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	166,438	172,195	236,040	225,652	242,832	1,043,157
4	Total. Add lines 1 through 3	2,008,035	1,629,349	1,047,689	832,443	674,922	6,192,438
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	ļ					750,599
6	Public support. Subtract line 5 from line 4 tion B. Total Support			<u></u>			5,441,839
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,008,035	1,629,349	1,047,689	832,443	674,922	6,192,438
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	117,954	427,639	216,327	216,317	205,106	1,183,343
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	18,259	207,654	116,138	91,599	50,181	483,831
11	Total support. Add lines 7 through 10				1		7,859,612
12	Gross receipts from related activities, etc	•				12	50,181
13	First five years. If the Form 990 is for the		, second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	. [
800	organization, check this box and stop her		2000				.
	tion C. Computation of Public Su			. (0)			
14	Public support percentage for 2013 (line 6		=	n (t))		15	69.24%
15	Public support percentage from 2012 Schi 33 1/3% support test—2013. If the organ			13 and line 14 is 3	3 1/3% or more o		68.74%
iva	box and stop here. The organization qual				5 1/3 /6 OI IIIQIE, C.	HECK (IIIS	▶ X
h	33 1/3% support test—2012. If the organ				5 is 33 1/3% or mo	ore	<u></u>
-	check this box and stop here. The organiz				0 10 00 110 10 01 1110	,,,,	▶ □
17a	· · · · · · · · · · · · · · · · · · ·	•		•	a. or 16b. and line	14 is	- L.
	10% or more, and if the organization meet	•		· ·	*		
	Part IV how the organization meets the "fa						
	organization						> [
b	10%-facts-and-circumstances test—201	2. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-cırcumstances'	test, check this bo	ox and stop here .		
	Explain in Part IV how the organization me	eets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pu	blicly	
	supported organization						▶ []
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	е	, ,—
	instructions						▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diract to	ric tests listed	below, please e	ompicie i arci	1.7	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support			•	I	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			1			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					i	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	t, second, third, fo	ourth, or fifth tax yes	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public Su		tage		·		
15	Public support percentage for 2013 (line 8			nn (f))		15	%
16	Public support percentage from 2012 Scho		•	(7)		16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2013 (I	ine 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2012	•				18	%%
19a	33 1/3% support tests—2013. If the orga						
	17 is not more than 33 1/3%, check this be						▶ _
b	33 1/3% support tests—2012. If the orga			•		•	▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		_		• • •	-	
	1 117000 TOURISATION II THE OIGHNIZATION OIC	GILCON & DOX	51. mic 1-7, 15a, 01	TOD, CHECK THIS DO	A did 300 manuch	10113	

Schedule A (Form 990 or 990-EZ) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SUPPORT SCHEDULE - UNUSUAL GRANTS	
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOUTHERN	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOUTHERN	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOUTHERN	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOUTHERN	\$ 100,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOUTHERN	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 100,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 15,000
DANNY LANG TEACHING, LEARNING, AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 800,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 20,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,280
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 5,000
DANNY LANG TEACHING, LEARNING, AND EVENT CENTER AT SOWI	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER AT SOWI	\$ 7,500
DANNY LANG TEACHING, LEARNING, AND EVENT CENTER	\$ 10,000
DANNY LANG TEACHING, LEARNING AND EVENT CENTER	\$ 15,000
LAND IN THE WILLAMETTE VALLEY	\$ 47,500
DANNY LANG TEACHING, LEARNING, AND EVENT CENTER AT SOWI	\$ 100,000
DANNY LANG TEACHING, LEARNING, AND EVENT CENTER AT SOWI	\$ 50,000
LAND AND BUILDING IN SUTHERLIN, OREGON	\$ 675,000

Schedule A (Form 990 or 990-EZ) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATI	ON 23-7287	018 Page 4	ļ
Part IV Supplemental Information. Provide the explanations required by Part II, lin	e 10, Part II, line	17a or 17b; and	
Part III, line 12 Also complete this part for any additional information (See ii	nstructions)		
LAND IN ROSEBURG, OREGON	\$	357,000	
GRAND PIANO	\$	60,000	
HNS CAMPAIGN MARKETING	\$	10,000	
FINE ARTS ENDOWMENT	\$	974,831	
FINE ARTS ENDOWMENT	\$	562,358	

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 483,831

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

OMB No 1545-0047
2013

Open to Public Inspection

Employer identification number Name of the organization 23-7287018 UMPQUA COMMUNITY COLLEGE FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 6,350 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2013 OMPQOA C							zage ∡
Part III Organizations Maintaini					s (contin	ued))
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follo	owing that are a signific	cant use of its			
a X Public exhibition	d Lo	oan or exchange prog	rams				
b Scholarly research	e 🗍 Ot	ther					
c Preservation for future generations							
4 Provide a description of the organization's	collections and explain h	now they further the o	rganization's exempt p	ourpose in Part			
XIII							
5 During the year, did the organization solicit	or receive donations of	art, historical treasure	es, or other similar				
assets to be sold to raise funds rather than	to be maintained as par	rt of the organization's	s collection?		Y	es [}	▼ No
Part IV Escrow and Custodial A				 			
Complete if the organization	on answered "Yes" t	o Form 990, Part	: IV, line 9, or repo	rted an amount	on Form	1	
990, Part X, line 21							
1a Is the organization an agent, trustee, custo	dian or other intermediai	ry for contributions or	other assets not			_	_
included on Form 990, Part X?					Y	es	No
b If "Yes," explain the arrangement in Part XI	II and complete the follo	wing table		<u></u>			
					Amour	ıt	
c Beginning balance				1c			
d Additions during the year				1d			
 Distributions during the year 				1e			
f Ending balance				1f			
2a Did the organization include an amount on					Y	es 崖	∐No
b If "Yes," explain the arrangement in Part XI	II Check here if the expl	lanation has been pro	ovided in Part XIII				
Part V Endowment Funds.							
Complete if the organization							
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		ır years	
1a Beginning of year balance	6,890,759	5,751,661	9,312,202	7,292,92			,828
b Contributions	2,385,184	709,227	823,761	1,632,91	1 1,	<u>849</u>	,878
c Net investment earnings, gains, and					_		
losses	1,252,231	707,710	16,414	1,271,64			,649
d Grants or scholarships	203,073	110,349	609,718	453,00	6	<u>353</u>	,063
e Other expenditures for facilities and					_		
programs	51,408	45,417	2,590,627	17,09			,401
f Administrative expenses	134,576	122,073	313,784	415,18			,968
g End of year balance	10,139,117	6,890,759	6,638,248	9,312,20	2 7,	292	<u>,923</u>
2 Provide the estimated percentage of the cu		line 1g, column (a)) h	neld as				
a Board designated or quasi-endowment	%						
b Permanent endowment ► 72.00 %							
•	28.00%						
The percentages in lines 2a, 2b, and 2c sh							
3a Are there endowment funds not in the poss	session of the organization	on that are held and a	administered for the				L
organization by					2-40	Yes	-
(i) unrelated organizations					3a(ı)		X
(ii) related organizations		Cahadula DO			3a(ii)		 ^
b If "Yes" to 3a(ii), are the related organization	•				3b	L	<u> </u>
4 Describe in Part XIII the intended uses of t Part VI Land, Buildings, and Equ		ment lunus					
Complete if the organization	-	o Form 990 Part	IV line 112 See	Form 990 Part	Y line 1	Λ	
Description of property	(a) Cost or other base			ccumulated	(d) Book		
Description of property	(investment)	(other	1 ' '	preciation	(4) 500	Value	
1a Land			<u>′ </u>	···			
b Buildings		 					
	-	 					
c Leasehold improvements d Equipment							
e Other		- 					
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990 Part Y	column (B) line 10/	(c))				
	quair oim ooo, r ait A	., 20.2 (2), 1110 10(·-/_/		dule D /C		0) 2044
				Sche	dule D (Fo	1111 99	uj 2013

(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments—Other Securities.	DEGE FOUNDATION	23-7267016	Page 3
(ii) Pissancal Identifiation of Security (iii) Pissancal Identifiation of Security (iii) Pissancal Identifiation of Security (iii) Pissancal Identifiation of Security (iiii) Pissancal Identifiation of Security (iiii) Pissancal Identifiation (iiii) Pi			Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(1) Financial derivatives (2) Clossity-held equity interests (3) Office (A) (B) (C) (B) (C) (C) (C) (C) (E) (F) (G) (E) (H) Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (B) Secretion of investments (B) Secretion of i			1		
		(including name of security)		Cost or end-of-year market value	
(3) Other (A) (B) (C) (C) (D) (E) (E) (F) (G) (H) (Tota) (Column (e) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Discoption of investments (b) Blook value (c) Memos dividuation (Coct to ent of ryest market value (c) Memos dividuation (c) Coct to ent of ryest market value (d) Memos dividuation (c) Memos di	(1) Financial of	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-he	eld equity interests			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(B) (C) (C) (D) (E) (E) (F) (G) (H) (F) (G) (H) (F) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(D) (E) (E) (F) (G) (H) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (a) Description of investment (b) Book value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (Cast or end of year market value (c) Method of valuation (c) Method	• •		• • • • • • • • • • • • • • • • • • • •		
(E) (F) (G) (P) (G) (P) (G) (P) (F) (G) (P) (F) (G) (P) (F) (G) (P) (P) (F) (G) (P) (P) (F) (G) (P) (P) (F) (G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	<u> </u>				
(F) (G) (H) (Column (b) must equal Form 990. Part X, col (B) line 12) ▶ Part VIII investments—Program Related. Complete if the organization answered "Yes" to Form 990. Part IV, line 11c See Form 990. Part X, line 13 (G) besorption of investment (P) Book value (C) Method of valuation (Cost or erd-of-types market value (P) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col (B) line 13) ▶ Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (1) INVESTMENT IN UCC FOUNDATION HOLDING 1,039,023 (2) ART COLLECTION WINE ARTIFACTS 6,350 (3) SAVINGS BONDS 1,752,554 (4) OTHER RECEIVABLES 6,350 (5) MUSICAL INSTRUMENT COLLECTION (B) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ 1,052,554 Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 1. (a) Description of Indulty (D) Book value (P) (9) 1. Foderal income laxes (1) Federal income laxes (2) DUE TO UCC - PLEDGES PAYABLE 489, 702 (3) DUE TO UT OUT OUT OF PLEDGES PAYABLE 78, 668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (6) (7) (7) (8) (9)	• •				
Total (Column (b) must equal Form 990, Part X, col (B) line 12 ▶					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Metros of relations (c) Metros of Relations (c) Metros (c) Metros of Relations (c) Metros (c) Metros (c) Metros	, ,				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Mensor of industrial value (c) Mensor of industrial value (c) Mensor of industrial value (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 1,052,554	(8)				
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1.	Part X	Other Liabilities.			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO UCC - PLEDGES PAYABLE 489,702 (3) DUE TO UMPQUA COMMUNITY COLLEGE 78,668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (5) (6) (7) (8) (9)		Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f See Form 990, Part X,	
(1) Federal income taxes (2) DUE TO UCC - PLEDGES PAYABLE 489,702 (3) DUE TO UMPQUA COMMUNITY COLLEGE 78,668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (5) (6) (7) (8) (9)		line 25			
(2) DUE TO UCC - PLEDGES PAYABLE 489,702 (3) DUE TO UMPQUA COMMUNITY COLLEGE 78,668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (5) (6) (7) (8) (9)	1.	(a) Description of liability	(b) Book value		
(2) DUE TO UCC - PLEDGES PAYABLE 489,702 (3) DUE TO UMPQUA COMMUNITY COLLEGE 78,668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (5) (6) (7) (8) (9)	(1) Federal	income taxes			
(3) DUE TO UMPQUA COMMUNITY COLLEGE 78,668 (4) SHARE OF DEFICIENCY IN HVMS 4,058 (5) (6) (7) (8) (9)		O UCC - PLEDGES PAYABLE	489,702		
(5) (6) (7) (8) (9)	(3) DUE 7	O UMPQUA COMMUNITY COLLEGE	78,668		
(5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)			· - · · · · · · · · · · · · · · · · ·		
(8) (9)					
(9)			 		
total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 1 5/2,420:		n (b) must equal Form 990, Part X, col (B) line 25) ▶	572,428		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	dule D (Form 990) 2013 UMPQUA COMMUNITY COLLEGE F				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat		•	turn.	
	Complete if the organization answered "Yes" to Form 990), Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	4,608,732
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	616,658		
b	Donated services and use of facilities	2b	242,832		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	14,607		
е	Add lines 2a through 2d			2e	874,097
3	Subtract line 2e from line 1			3	3,734,635
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,945		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	53,945 3,788,580
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	≀eturr	۱.
	Complete if the organization answered "Yes" to Form 990), Part IV, line 1	12a		
1	Total expenses and losses per audited financial statements			1	1,087,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	242,832		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	14,607		
е	Add lines 2a through 2d			2e	257,439
3	Subtract line 2e from line 1			3	830,324
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	··		5	830,324
Pa	rt XIII Supplemental Information				
rovid	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and	l 2b, Part V, line 4, P	art X, III	ne
. Pa	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional	Information		
\mathbf{P}^{p}	ART XI, LINE 2D - REVENUE AMOUNTS INCLUD	ED IN FIN	ANCIALS -	OTH	ER
					14 600
F.C	INDRAISING EXPENSES		\$		14,607
P?	ART XII, LINE 2D - EXPENSE AMOUNTS INCLU	DED IN FI	NANCIALS -	OTI	HER

Schedule D (Form 990) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Open to Public Inspection

Name of	the organization UMPQUA COMMUNI	TY C	OLLEGE F	OUNI	AT	ION	23 - 7287 (
Par	Fundraising Activities. Com	plete if	the organizat	ion an	swei	red "Yes" to Form 9	90, Part IV, line	17
	Form 990-EZ filers are not red ndicate whether the organization raised funds					Check all that apply		
a	Mail solicitations					ernment grants		
a L	Internet and email solicitations				-	nent grants		
. J	_		П	_		_		
c L	Phone solicitations	!	g 🔛 Special fi	unuraisi	ng ev	ents		
d L	In-person solicitations							
b l	Did the organization have a written or oral agre or key employees listed in Form 990, Part VII) f "Yes," list the ten highest paid individuals or o compensated at least \$5,000 by the organizati	or entity i entities (fi	in connection wit	th profes	ssiona agree	al fundraising services?		Yes No
					d fund- r have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)		(il) Activity	custo cont	ody or rol of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
					No			
1								
				Ì				
2					:			
				_			<u> </u>	
3								
							 	
4								
5								
40				+				
6								
7								
8		_						
9								
10								
Total								
								·

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

_		CVCIIIS WITH GIV	iss receipts greater than wo,t	JOO		
			(a) Event #1	(b) Event #2	(c) Other events	(4) Tabel
			COLE TOURNAMENT		NONE	(d) Total events
			GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col (a) through col (c))
e			(evenit type)	(event type)	(total number)	1 10 (10)
Revenue	4	Gross receipts	16,321			16,321
æ	•	Gross receipts	10,321		-	10,321
	2	Less Contributions				
		Gross income (line 1 minus				
		line 2)	16,321			16,321
	4	Cash prizes	150			150
	5	Noncash prizes	751			751
					_	
es	6	Rent/facility costs	3,600			3,600
ens						
Exp	7	Food and beverages	2,512			2,512
Direct Expenses						
ے	8	Entertainment				
						0.450
	9	Other direct expenses	3,179			3,179
						10 100
		·	Add lines 4 through 9 in column (d	•		10,192 6,129
_	art		btract line 10 from line 3, column (diplete if the organization answ		Dod IV line 40 or ren	0,129
r	art		n Form 990-EZ, line 6a	rered res to Form 990,	raitiv, line 19, or rep	oned more
		(ilali \$15,000 C	111 01111 990-LZ, line 0a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						·-···
œ	1	Gross revenue				
S	2	Cash prizes				
Sus						
ž	3	Noncash prizes				
Direct Expenses						
Şīe	4	Rent/facility costs				
_						
	5	Other direct expenses	<u> </u>			
	_		Yes %	Yes %	I ==	%
	6	Volunteer labor	No	No .	No No	
	7	Direct evenes evenes	Add Imag 2 through 5 in polymer (d	\	,	•
	′	Direct expense summary	Add lines 2 through 5 in column (d	,	•	
	8	Net gaming income sumr	nary Subtract line 7 from line 1, col	lumn (d)	1	,
			, , , , , , , , , , , , , , , , , , , ,	(4)		-
9	En	ter the state(s) in which the	e organization operates gaming acti	vities		
			o operate gaming activities in each of			Yes No
а	ls t					
		-				
		No," explain	. 0			
		-				☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/sp records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization re revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the g retain the state gaming license?	rship or other entity	1	Yes	
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a Is the organization required under state law to make charitable distributions from the g				
retain the state gaming license?	gaming proceeds to			
			Yes	s 🗌 No
b Enter the amount of distributions required under state law to be distributed to other exe	xempt organizations or			
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required	ad by Part Lline 2b	columns (III) and	1 (v) and	
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	-			
additional information (see instructions)	,	ран по рисила с	,	

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2013

Open to Public Inspection

Employer Identification number

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

å VARIOUS PROGRAM SUPP Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes 23-7287018 COLLECTIONS non-cash assistance (a) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) 179,200 (e) Amount of noncash assistance 51,785 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table UMPOUA COMMUNITY COLLEGE FOUNDATION (c) IRC section if applicable 93-0519151 115(1) General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? OR 97470 (a) Name and address of organization (1) UMPQUA COMMUNITY COLLEGE or government PO BOX 967 ROSEBURG Part II Part 2 3 <u>4</u> 9 3 8 9 6

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

	Part III can be duplicated II additional space is needed	onal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line 2	2, Part III, column (b)	, and any other additional i	Information

SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

UMPQUA COMMUNITY COLLEGE FOUNDATION

Employer identification number 23-7287018

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Travel for companions Travel for companions Travel for companions Payments for business use of personal residence Payments for business Payments for a payment Payments P	Pa	rt I Questions Regarding Compensation			
S90, Part VII, Section A, Ine 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel First-class or charter travel Housing allowance or residence for personal use Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Payments for business use of personal residence Payments for payment or personal payment Payments for payment or personal payment or payments for payment Payments for payments for payments for payments for payments for payments Payments for payments for payments for payments Payments for payments for payments for payments Payments for payments for payments Payments for payments Payments for payments for payments Payments for payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payments Payments for payment				Yes	No
First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Payments or payment for Payments or payment for Payments or payment for Payments or payment payment for Payments or payments Pa	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Payments or payment for Payments or payment for Payments or payment for Payments or payment payment for Payments or payments Pa		990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation committee Written employment contract Compensation survey or study Compensation or a related organization Compensation survey or study Compensation or a related organization Payment form, a supplemental nonquelified retirement plan? 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Section 1 (A) organization payment? 5 Participate in, or receive payment from, a equity-based compensation amangement? 6 Participate in, or receive payment from, an equity-based compensation amangement? 7 If "Yes" to line 8 aor 50, describe in Part III 8 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 9 Any related organization? 1 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fix					
Tax indemnification and gross-up payments					
Discretionary spending account					
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Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee		related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Compensation committee Written employment contract			
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Regulations section 53 4958-6(c)?	•	Regulations section 53 4958-6(c)?	a		

UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018 Schedule J (Form 990) 2013

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown c	of W-2 and/or 1099-MISC compensation	-	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	reported as deferred in prior Form 990
	3	0	0	0	0		0
1 UCC PRESIDENT	(11) 160,956		38,317	0	0	199,273	0
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UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018 Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

THE UMPQUA COMMUNITY COLLEGE FOUNDATION PROVIDES A SMALL DISCRETIONARY SPENDING ACCOUNT FOR THE PRESIDENT OF UMPQUA COMMUNITY COLLEGE.

REQUIRING BIDS FOR PURCHASES OVER A CERTAIN AMOUNT, ETC., BUT NOTHING SPECIFICALLY IN WRITING REGARDING THE DISCRETIONARY SPENDING ACCOUNT. THE FOUNDATION HAS A WRITTEN FISCAL POLICY, LISTED SPENDING LIMITS, - WRITTEN REIMBURSEMENT POLICY EXPLANATION PART I, LINE 1B

THE FOUNDATION'S EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR ARE EMPLOYEES OF THE UMPQUA COMMUNITY COLLEGE. AS SUCH, THEIR COMPENSATION IS DETERMINED BY - RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION COLLEGE AND IN ACCORDANCE WITH THE COLLEGE'S POLICIES AND GUIDELINES PART I, LINE 3

6605000 01/30/2015 12 03 PM

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ

➤ See separate instructions

Open To Public Inspection

OMB No 1545-0047

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Name of the organ	nization						Employ	er ider	itificati	on nun	nber		
	UMPQUA COMMUNITY COL	LEGE FOUND	ATION				23-7	287 <u>0</u>	18				
Part I	Excess Benefit Transactions												
	Complete if the organization answered	d "Yes" on Fo	rm 990, Part I\	/, line	25a	or 25b, or Form	990-EZ, Part V, I	ine 4	<u> Jb</u>				
1	(a) Name of disqualified person	(b) Relatio	nship between disq	jualifie	d pers	on and	(c) Description of trai	nsactio	n		(d)	Correc	led?
<u> </u>	(a) Name of disquamed person		organizatio	n			(a) besignment of the		<u> </u>		Yes	'	No
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under s	ne amount of tax incurred by the organizatection 4958 ne amount of tax, if any, on line 2, above				rson	s during the year		▶ \$; 				
Part II	Loans to and/or From Interes	sted Perso	ns.				- -					**	
	Complete if the organization answere			rt V,	line	38a or Form 990,	Part IV, line 26,	or ıf tl	ne				
	organization reported an amount on F												
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to		(f) Balance due	(g) ln	default?	(h) Ap			/ritten
		with organization	loan		m the	principal amount					oard or nittee?	agree	ement?
				То	From			Yes	No	Yes	No	Yes	No
HUNDRED	VALLEYS MANAGEMENT SERVICES	WHOLLY OWN	ED ENTITY										
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	NDATION HOLDING COMPANY	CONTROLLE	ENTITY				-						
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Part III	Grants or Assistance Benefi Complete if the organization answere				. 27								
					T		/ N =						
	(a) Name of interested person	1 ' '	ship between intere and the organizatio		(c) A	mount of assistance	(d) Type of assistance		(e)	Purpos	e of ass	istance	
(4)		person	and the organizatio		\vdash			+	-				
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(8)					+-			+					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	of	haring org nues?
	organization			Yes	No
(1) DON LAIRD	BOARD MEMBER	5,533	LEGAL SERVICES		X
(2) BRIAN PARGETER	BOARD MEMBER	4,201	INSURANCE POLICY		х
(3) JEFF ACKERMAN	BOARD MEMBER	176	ADVERTISING		х
(4) AMY PALM	WIFE OF BRD MEM	18,598	INVESTMENT ADVISORY		х
(5) RICK COEN	HUSB OF BRD MEM	18,598	INVESTMENT ADVISORY		X
(6) NEAL BROWN	BOARD MEMBER		BANKING SERVICES		X
(7) HUNDRED VALLEYS MANAGEMENT SERVICE	SWHOLLY OWNED	10,158	SEE BELOW		X
(8) UCC FOUNDATION HOLDING COMPANY	CONTROLLED ENT.	1,032,114	SEE BELOW		х
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART V - ADDITIONAL INFORMATION

- (1) MR. LAIRD'S LAW FIRM PROVIDED LEGAL SERVICES TO THE FOUNDATION DURING FYE 6/30/14.
- (2) MR. PARGETER PARTIALLY OWNS AN INSURANCE AGENCY THAT THE FOUNDATION
 PURCHASES SOME OF ITS INSURANCE POLICIES THROUGH.
- (3) MR. ACKERMAN IS EMPLOYED BY A LOCAL NEWSPAPER IN WHICH THE FOUNDATION PURCHASED ADVERTISING DURING FYE 6/30/14.
- (4) AMY PALM IS EMPLOYED AT AN INVESTMENT ADVISORY FIRM THAT THE FOUNDATION HIRES TO MANAGE PART OF ITS INVESTMENTS, AND CONSEQUENTLY PAYS INVESTMENT FEES TO. MRS. PALM'S HUSBAND SERVED ON THE FOUNDATION BOARD DURING FYE 6/30/14.
- (5) RICK COEN IS EMPLOYED AT AN INVESTMENT ADVISORY FIRM THAT THE FOUNDATION HIRES TO MANAGE PART OF ITS INVESTMENTS, AND CONSEQUENTLY PAYS INVESTMENT FEES TO. MR. COEN'S WIFE SERVED ON THE FOUNDATION BOARD DURING FYE 6/30/14.
- (6) MR. BROWN IS EMPLOYED BY A REGIONAL BANK THAT THE FOUNDATION DOES

 BUSINESS WITH. THE FOUNDATION PAYS NORMAL BANKING FEES AND RECEIVES NORMAL

 INTEREST RETURNS ON INVESTED CASH.
- (7) HUNDRED VALLEYS MANAGEMENT SERVICES CORP. IS 100% OWNED BY UMPQUA

 COMMUNITY COLLEGE FOUNDATION. ALL BOARD MEMBERS OF HUNDRED VALLEYS

6605000 01/30/2015 12 03 PM Schedule L (Form 990 or 990-EZ) 2013 Page 2 Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org interested person and the transaction revenues? organization Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) MANAGEMENT SERVICES CORP. MUST BE APPOINTED BY UMPQUA COMMUNITY COLLEGE FOUNDATION. THE TRANSACTIONS ARE AS FOLLOWS: \$10,000 PURCHASE OF STOCK \$158 ACCRUED INTEREST ON LOAN FROM UMPQUA COMMUNITY COLLEGE FOUNDATION SEE SCHEDULE R. (8) UCC FOUNDATION HOLDING COMPANY IS A CONTROLLED ENTITY OF UMPQUA COMMUNITY COLLEGE FOUNDATION. UMPQUA COMMUNITY COLLEGE FOUNDATION APPOINTS ALL BOARD MEMBERS OF UCC FOUNDATION HOLDING COMPANY, AND ALL UCC FOUNDATION HOLDING COMPANY BOARD MEMBERS MUST ALSO BE MEMBERS OF UMPQUA COMMUNITY COLLEGE FOUNDATION. THE TRANSACTIONS ARE AS FOLLOWS: \$1,042,000 CONTRIBUTION OF CASH AND PROPERTY TO UCC FOUNDATION HOLDING COMPANY. \$114 ACCRUED INTEREST ON LOAN FROM UMPQUA COMMUNITY COLLEGE FOUNDATION

SEE SCHEDULE R.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047 2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs gov/form990.

Employer identification number

(a) (b) (c) (c) (d)	Pa	rt I Types of Property	OMM10141	TY COLLEGE	FOUNDATION	23-72670			
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	33		amount in d	column (c) for a type of p	property for which column (a	a) is checked,			
		describe in Part II			<u> </u>				

Schedule M (Form 990) (2013) UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE M - SUPPLEMENTAL INFORMATION

ANY CONTRIBUTIONS ASIDE FROM CASH OR STOCK MUST BE REVIEWED BY THE GIFT ACCEPTANCE COMMITTEE BEFORE THE CONTRIBUTION IS ACCEPTED FROM THE DONOR.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UMPQUA COMMUNITY COLLEGE FOUNDATION

Employer identification number 23 – 7287018

FORM 990 - ORGANIZATION'S MISSION

THE FOUNDATION WAS FORMED TO ENCOURAGE, RECEIVE, AND ADMINISTER GIFTS AND BEQUESTS FOR THE SUPPORT AND BENEFIT OF UMPQUA COMMUNITY COLLEGE AND ITS STUDENTS. THE FOUNDATION RAISES AND DONATES FUNDS FOR SCHOLARSHIPS, FACILITIES ENHANCEMENT AND OTHER PROGRAM SUPPORT.

FORM 990, PART VI, LINE 1A - AUTHORITY DELEGATED TO COMMITTEE EXPLANATION RECOGNIZING THOSE POWERS SPECIFICALLY RESERVED FOR THE BOARD OF DIRECTORS, OR IN THE ABSENCE OF SPECIFIC BOARD ACTIONS, THE EXECUTIVE COMMITTEE SHALL POSSESS ALL GENERAL POWERS NECESSARY FOR ROUTINE MANAGEMENT OF FOUNDATION BUSINESS. ALL MEMBERS OF THE EXECUTIVE COMMITTEE MUST ALSO BE MEMBERS OF THE FOUNDATION BOARD.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

HUNDRED VALLEYS MANAGEMENT SERVICES UMPQUA COMMUNITY COLLEGE FOUNDATION

MUTUAL BOARD MEMBERS

UCC FOUNDATION HOLDING COMPANY UMPQUA COMMUNITY COLLEGE FOUNDATION
MUTUAL BOARD MEMBERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUALLY, BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST

Employer identification number

UMPQUA COMMUNITY COLLEGE FOUNDATION

23-7287018

FORM AND TURN IT IN TO THE FOUNDATION'S ASSOCIATE DIRECTOR WHO REVIEWS IN FOR POTENTIAL CONFLICT OF INTEREST SITUATIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE FOUNDATION HAS NO PAID EMPLOYEES. THE FOUNDATION'S DIRECTOR IS EMPLOYED

BY UMPQUA COMMUNITY COLLEGE, AND HIS COMPENSATION LEVEL AT THE COLLEGE IS

DETERMINED IN ACCORDANCE WITH THE COLLEGE'S POLICIES AND GUIDELINES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE FOUNDATION'S ASSOCIATE DIRECTOR IS EMPLOYED BY UMPQUA COMMUNITY COLLEGE

AND HER COMPENSATION LEVEL AT THE COLLEGE IS DETERMINED IN ACCORDANCE WITH

THE COLLEGE'S POLICIES AND GUIDELINES.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

FORMS ARE AVAILABLE UPON REQUEST. 990 CAN BE FOUND ON GUIDESTAR.COM

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE GENERALLY NOT AVAILABLE TO THE PUBLIC. HOWEVER
THESE ITEMS ARE FILED WITH THE OREGON DEPARTMENT OF JUSTICE AND BECOME PART
OF THE PUBLIC RECORD.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

FUNDRAISING EXPENSES

\$ 14,607

FUNDRAISING EXPENSES

\$ -14,607

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SCHEDULE R (Form 990)

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ See separate instructions.

▶ Attach to Form 990

Open to Public Inspection

2013 OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 23-7287018 Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 UMPQUA COMMUNITY COLLEGE FOUNDATION Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	nplete if the organiz x year	ation answered "Ye	s" on Form 990, Pa	rt IV, line 34 becaus	e it had

Section 512(b)(13)
controlled entity?
Yes No × (f) Direct controlling entity N/A (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section 115 (c) Legal domicile (state or foreign country) OR O EDUCATION (b) Primary activity 46-4359010 93-0519151 UCC FOUNDATION HOLDING COMPANY, INC (a)
Name, address, and EIN of related organization 97470 OR OR UMPQUA COMMUNITY COLLEGE PO BOX 967 PO BOX 967 ROSEBURG £ 3

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UCC FOUNDA

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HOLDING CO

97470

OR

ROSEBURG

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Schedule R (Form 990) 2013

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule R (Form 990) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

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Schedule R (Form 990) 2013 Percentage (i) Section 512(b)(13) controlled entity? ŝ ownership 3 Yes × (J) General or managing partner? Yes No 41,333 100.000000 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (h)
Disproportionate
alloc ? (es (g) Share of end-of-year assets -14,058 Share of total псоте (f) Share of total (Coop, Scorp, Income Type of entity or trust) υ UCC FOUNDA (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) entity (d) Direct controlling foreign country) Legal domicile (state or 윉 <u>ن</u> (c) Legal domicile (state or foreign country) MGMT SERV Primary activity Primary activity Ð (1) HUNDRED VALLEYS MANAGEMENT SERVICES OR 97470 Vame, address, and EIN of related organization Name, address, and EIN of related organization (a) PO BOX 967 46-4283294 ROSEBURG Part IV Part I ρĄ E | ල € 3 <u>4</u> 2 3

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UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018 Schedule R (Form 990) 2013

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

			management and administration	
	(a)	(q)	(2)	(p)
	Name of related organization	Transaction type (as)	Amount involved	Method of determining amount involved
(1)	UMPQUA COMMUNITY COLLEGE	В	51,785	CASH
(2)	UCC FOUNDATION HOLDING COMPANY	Ф	10,000	CASH
(3)	UCC FOUNDATION HOLDING COMPANY	æ	1,032,000	APPRAISED VALUE
(4)	UCC FOUNDATION HOLDING COMPANY	Ą	114	AMORTIZATION SCHEDULE
(5)	HUNDRED VALLEYS MANAGEMENT SERVICES	A	158	AMORTIZATION SCHEDULE
(9)	UMPOUA COMMUNITY COLLEGE	Ø	179,200	179,200 CARRYING VALUE ON BOOKS

Schedule R (Form 990) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) • Percentage ownership												Schedule R (Form 990) 2013
				ļ 							-	ırm 99(
(J) General or managing partner?				 								R (Fo
												edule
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)												Sct
Code amoun of Sch (For												
tonate ons?												
(h) Disproportionate allocations?							ļ					
		 										
(g) Share of end-of-year assets												
S E												
<u>o</u>												
(f) Share of total income												
<u> </u>												
(e) Are all partners section 501(c)(3) organizations? Yes No												
Are all Sec 501(organiz												
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)												
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)												
tricle in gan and gan and gan and gan are seen and gan are gan				<u> </u>								
(c) Legal domicile (state or foreign												
(b) Primary activity			<u> </u>									
Primar												
							!					
t _z												
N of entr												
(a)												
(a) Name, address, and EIN of entity												
Name												
(a) (b) (c) (d) (e) (e) (d) (e) (e) (e) Name, address, and EIN of entity common (related, excluded 501(c)(3) foreign from tax under organizations?	=	ର	<u> </u>	er e	<u>6</u>	<u> </u>	2	 €	<u> </u>	6		
;	£	(2)	(5)	3	(2)	(9)	6	(8)	6)	(10)	£	

Schedule R (Form 990) 2013 UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018
Part VII Supplemental Information

Page 5

Provide additional information for responses to questions on Schedule R (see instructions)

Form

(Rev January 2014)

Apprication for Extension of Time To . de an Exempt Organization Return

Mulit

OMB No 1545-1709

File a separate application for each return.

Department of the Internal Revenue		Information about Form	n 8868 and	its instructions is at www.i	rs.gov/form88	B68.		İ	
		tomatic 3-Month Extension, comple	te only Par	t I and check this box					► X
		ditional (Not Automatic) 3-Month Ex			2 of this form)			
Do not comp	olete Part II uni	less you have already been granted ar	automatic	3-month extension on a previ	ously filed For	m 886	88		
Electronic fil	ling (e-file). Ya	u can electronically file Form 8868 if y	ou need a 3	-month automatic extension o	f time to file (6	3 mon	ths for		
		Form 990-T), or an additional (not aut			•				
		n of time to file any of the forms listed i							
		ated With Certain Personal Benefit Cor							
instructions)	For more detai	ls on the electronic filing of this form, v	isit www irs	gov/efile and click on e-file fo	r Charities & N	Nonpro	ofits		
Part I	<u>Automati</u>	c 3-Month Extension of Time	. Only sub	omit original (no copies r	needed).				
	required to file	Form 990-T and requesting an autom	atic 6-month	n extension – check this box a	nd complete				_
Part I only									▶ ∐
		ling 1120-C filers), partnerships, REMI	Cs, and trus	its must use Form 7004 to rec	juest an exten	sion c	of time		
to file income	tax returns			_					
	None			<u>E</u>	nter filer's ide				
Type or Name of exempt organization or other filer, see instructions Employer identification numb								nber (EIN)	or
print									
File by the	UMPQUA COMMUNITY COLLEGE FOUNDATION 23-7287018						280		
due date for	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) P.O. BOX 967								
filing your	P.O. BOX 967 City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
return See instructions	ROSEBU	•	97470						
E-4 the D-4									01
Enter the Het	urn code for the	e return that this application is for (file	a separate a	ipplication for each return)					01
Application				Application					Return
ls For			Code	is For					Code
Form 990 o	r Form 990-EZ		01	Form 990-T (corporation)					07
Form 990-E	<u> </u>		02	Form 1041-A					08
Form 4720			03	Form 4720 (other than indi	vidual)				09
Form 990-F			. 04	Form 5227					10
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069					11
Form 990-1	(trust other the	ELLEN BROWN	06	Form 8870					12
		1140 UMPQUA COLLEGE	MAD						
• The hooks	are in the care of	► ROSEBURG					01	R 9747	10
THE BOOKS	uro in inc dare or	,							•
Telephon	e No ▶ 54	1-440-7847	FAX No	•					
•		not have an office or place of business	in the Unite	ed States, check this box					▶ □
-		urn, enter the organization's four digit (if this	ıs			_
for the whole	group, check ti	nis box 🕨 📗 If it is for part of	the group,	check this box	and attach				
a list with the	names and Ell	Ns of all members the extension is for							
		3-month (6 months for a corporation r							
		, to file the exempt organization retu	rn for the org	ganization named above. The	extension is				
for the	organization's r								
▶ 📋	calendar year	or							
⊾ (⊕)	A	07/01/12	06/20/	1./				, ,	i
		ning 07/01/13, and ending (nol		G274	1/27/	16
	-	in line 1 is for less than 12 months, ch	eck reason	Initial return Fir	nal return		YO U	101	17
	Change in accor		or 6060 cc	tor the tentative tay less said			I		
		r Forms 990-BL, 990-PF, 990-T, 4720, See instructions	or goos, en	ter the tentative tax, less any		3a	\$		^
		r Forms 990-PF, 990-T, 4720, or 6069	enter any re	efundable credits and		38	 •		
		ts made Include any prior year overpa				3b	\$		0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System) See instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 1-2014)

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